

**Children's State Infrastructure Grant
Early Childhood Mental Health Committee
November 7, 2005; 9:00 – 4p.m.
Lincoln (Cornhusker Hotel)**

Denise Bulling, Glenda Davis, Jonah Deppe, Paula Eurek, Carol Fichter, Mary Fran Flood, Chris Hanus, Eleanor Kirkland, Gay McTate, Betty Medinger, Mary Jo Pankoke, Linda Shandera, Andrea Skolkin, Emily Trask, Diane Waggoner, Caroline Walles, Jean Wojtkiewicz, Chris Wright

I. Dr. Chris Wright: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Highlights from the presentation

Medicaid overview:

- Federal partnership: State pays approximately 40 percent, Federal government matches 60 percent
- Any services provided to a Medicaid recipient must be provided equally to all of Medicaid recipients. There are some exceptions to this rule (e.g. waiver program.)
- There has been a recent increase in the number of people eligible for Medicaid and an increase in the cost of health care services, increased costs are leading to Medicaid reform at the state and federal government level
- Some Mental Health services are optional services
- Services/treatments that are still in the investigational stage are not covered in Nebraska Medicaid

Client Eligibility

1. Member of one of the following groups
 - Child up to age 18
 - ADC adults (caretakers of children)
 - Blind and disabled population
 - Over 65
2. Low income
3. Have limited resources: (e.g., applied to ADC, aged, blind, and disabled individuals)

Service Providers Eligibility

1. Licensed medical professionals (exceptions are personal assistant services)
2. Must sign provider agreement: agree to obey laws, agree to take payment in full
3. Managed Care only credentialing process: all managed care enrolled providers must go through a credentialing process

EPSDT

- If an individual qualifies for Medicaid, they would qualify for EPSDT services up to age 20
- Provides preventative care that is not available to adults
 - The goal is to provide preventive services and to diagnose and treat early

Other notes/questions from the presentation

- There are currently public health nursing contracts in rural areas where there's no managed care
 - Goal is to help individuals access services and to educate them about eligibility for services

- Well-child health check is paid comprehensively

II. Paula Eurek: Update on Perinatal Depression Grant

Review of last meeting

- The group is moving forward by examining existing tools for screening women for perinatal depression
- Work groups are now meeting

III. Ideas for Action

Focus Area: Early identification of children with socio-emotional behavioral problems and the services needed to address these problems

- Look at a smaller subgroup of children (e.g., EPSDT program) as an opportunity to pilot tools, recommend tools, identify research questions, increase public awareness, and link EPSDT with other early identification programs such as, CAPTA (child abuse prevention)
- Mental health screening is required as part of the EPSDT well-child check up, but there has been no quality assurance to determine if they are systematically done
- It may be important to determine the extent to which screening is done, how it is done,
- Bright Futures has a set of recommendations/guidelines (which are endorsed by the American Academy of Pediatrics) for physicians
- Explore how other states are using EPSDT to further ECMH social-emotional-behavioral agendas
- Consider inclusion of physicians to further goals of ECMH group
- Consider social marketing to families and providers to promote awareness of ECMH issues and tools
- SIG funding: There are funds available for system development but not provision of services
- Identify the type of professionals who identify behavioral health issues in young children
 - Expand eligible professionals who can do home visitations
 - Explore child care consultation through local health departments
 - Elevate the skills of home visitation professionals to include ECMH screening
 - Identify tools and recommendations for those who provide EPSDT

IV. Next Steps

1. Small group (Jonah Deppe, Betty Medinger, Diana Waggoner, Glenda Davis) will prepare recommendations for action related to EPSDT to present to the larger group
2. Andrea Skolkin will enlist support of Nebraska Medical Association (or Nebraska Chapter of the Academy of Pediatrics) for ECMH

V. Next Meeting – December 5, 2005 – 1 to 5 pm – St Elizabeth’s Hospital, Lincoln (video conference sites: Hastings, Omaha, Scottsbluff)

1. Update on maternal depression
2. Update from Andrea Skolkin
3. Look at recommendations from the small group, come to a group consensus, and finalize the recommendations for steering committee